

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE, MEDICAID
COMMUNITY ALTERNATIVES PROGRAM (CAP) **PROPOSED** FEE SCHEDULE
EFFECTIVE APRIL 1, 2005

CAP/MR-DD (Mental Retardation Developmental Disabled)			
Procedure Code	Service Description	Billing Unit	Maximum Allowable
S5102	Adult Day Health Care Services	Day	\$36.51
V5336	Augmentative Communication Devices - Repairs/Service	*	*
H2011	Crisis Stabilization	15 Min	\$6.04
T2021HQ	Day Support Group	15 Min	\$2.84
T2021	Day Support Individual	15 Min	\$5.09
T1019	Enhanced Personal Care	15 Min	\$4.00
T1005	Enhanced Respite Care	15 Min	\$4.00
H2015HQ	Home and Community Support Group	15 Min	\$2.92
H2015	Home and Community Support Individual	15 Min	\$5.24
S5110	Home Care Training - Family	15 Min	\$9.00
S5165	Home modifications	*	\$15,000
S5125	MR Personal Care Services	15 Min	\$3.55
S5161	PERS	Month	\$29.67
T2014	Residential Support (Supported Living Level 2)	Day	\$125.45
T2020	Residential Support (Supported Living Level 3)	Day	\$145.17
H2016HI	Residential Support (Supported Living Level 4)	Day	\$164.90
H2016	Residential Support (Supported Living Level I)	Day	\$86.00
H0045	Respite Care - Institutional	Day	\$222.96
T1005TE	Respite Care - Nursing Bed LPN	15 Min	\$9.11
T1005TD	Respite Care - Nursing Bed RN	15 Min	\$9.11
T1999	Specialized Equipment and Supplies	*	*
T2028	Specialized Supplies (Augumetation Communication Device Purchase)	*	*
H2025HQ	Supported Employment - Group	15 Min	\$1.97
H2025	Supported Employment - Individual	15 Min	\$7.61
T2001	Transportation	*	\$1,200
S5150	Unskilled Respite Care, Not Hospice	15 Min	\$3.55
S5150HQ	Unskilled Respite Care-Group (2-3 clients), Not Hospice	15 Min	\$2.69
T2039	Vehicle Modification	*	\$15,000
T2025	Waiver Service (Specialized Consultation Services)	15 Min	\$18.75

* Billing procedures are in the specific CAP manual.
Providers must bill their ususal and customary charges.